RECEIVED FEC PAIL CENTER

2010 JAN -5 AM 9: 54

FEC FORM 1

## STATEMENT OF ORGANIZATION

Office Lies Only

				Office Ose Office
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	3
DILIAINIE BLACK	4 FOR CONG	<b>e</b> .55, , , , , , ,		
ADDRESS (number and street)	BILG PLANT	ATILON BILVID		
(Check if address is changed)				
	GALLATIN		<b>下乙</b>	37066-
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E MAIL ADDRES	, SS (Blassa provide only one e-	mail addrace\		
COMMITTEE'S E-MAIL ADDRES	33 (Flease provide only one e-	man address)		ı
(Check if address is changed)				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		•	
(Check if address is changed)	1			1
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1 1 1 1	1
2. DATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	も、ようらう JMBER C NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correc	t and complete.
Type or Print Name of Treasure	TOMMY	WHITTAKE	e.	
Signature of Treasurer		viil	Date / 2	2'24' 2009
NOTE: Submission of false, errone	ous, or incomplete information r			
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)